

# The College of St. Scholastica

## NEW HIRE INFORMATION SHEET

*\*Please print.*

**Name:** \_\_\_\_\_  
Last First M.I.

**Preferred First Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Legal Sex:** Male  Female

**Gender Designation:** Man, Cisgender  Man, Transgender  Non-Binary

Two Spirit  Woman, Cisgender  Woman, Transgender

**Personal Pronoun:** He/Him  She/Her  They/Them  Ze/Zir/Zirs  Please Ask

**Race/Ethnic Group (please check only one):**

American Indian or Alaskan Native  Asian  Black or African American

Hispanic  Native Hawaiian Pacific Islander  Two or More Races  White/Caucasian

**Ethnic Category (please check only one):** Hispanic or Latino  Not Hispanic or Latino

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_